

DEPARTMENT OF HEALTH SERVICES714/744 P STREETP.O. BOX 942732SACRAMENTO, CA 94234-7320

Draft Meeting Minutes
Subcommittee of the Task Force on
Culturally and linguistically Competent
Physicians and Dentists
July 10, 2001
Department of Consumer Affairs Hearing Room
400 R Street, Suite 1030, Sacramento, CA

Subcommittee Members Present:

Diana M. Bontá, R.N., Dr.P.H., Director, Department of Health Services, Chair
Anmol Singh Mahal, M.D., California Medical Association
Jack Broussard, D.D.S., California Dental Association
Arnold Torres, Executive Director, California Hispanic Health Care Association
Lia Margolis, Latino Coalition for a Healthy California
Ron Joseph, Executive Director, Medical Board of California
Georgetta Coleman, Executive Director, Dental Board of California

Subcommittee Members Not Present:

David Carlisle M.D., Ph.D., Director, Office of Statewide Health Planning and Development (OSHDP)
Alisa Lifshitz, M.D., California Hispanic-American Association
Hector Flores, M.D., Department of Family Practice, Memorial Medical Center, Los Angeles
Anil Chawla, M.D., Clinicas del Camino Real
Maximiliano Cuevas, M.D., Executive Director, Clinicas de Salud del Valle de Salinas

Task Force Members Who are Not Subcommittee Members Present

Albert Gaw, M.D., Medical Director, Mental Health Rehabilitation Facility
Newton Gordon, D.D.S., University of California, San Francisco School of Dentistry
Miya Iwataki
Felipe Santana, Ph.D.
Doreena Wong, National Health Law Program

Staff Members Present:

Kristy Wiese, Assistant Deputy Director, Department of Consumer Affairs
Anita Scuri, Legal Counsel, Department of Consumer Affairs,
Norman Hertz, Ph.D., Office of Examination Resources, Department of Consumer Affairs
Jean Iacino, Special Assistant to the Director, Department of Health Services
Jack Dillenberg, M.P.H., D.D.S., Associate Director for Public Health Programs, Department of Health Services
Janet Smith, Senior Staff Council, Department of Health Services
Greg Franklin, Chief, Office of Multicultural Health, Department of Health Services



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Agenda Item #1: Call to Order and Establishment of a Quorum

Director Bontá, Chairperson, called the meeting to order at 10:20 a.m. Since there were only 6 of the 12 Subcommittee members present when the meeting convened, a quorum could not be established. Subsequently, Ms. Coleman arrived, establishing a quorum.

Director Bontá welcomed everyone to the meeting, and announced that the Task Force meeting would commence at 1:30 p.m. She also thanked all the Subcommittee members for their attendance and asked that they introduce themselves.

Agenda Item #2: Review and Approval of the June 19, 2001, Subcommittee Meeting Minutes

Director Bontá requested the members to review the minutes but reminded everyone that the minutes could not be adopted due to the lack of a quorum.

Agenda Item #3: Foreign Licensure Equivalency

Director Bontá welcomed Norman Hertz, Ph.D., Chief of the Office of Examination Resources, Department of Consumer Affairs. Dr. Hertz was invited to present to the members information regarding the licensure equivalency and examination process.

Dr. Hertz began his presentation by discussing the four major components that must be evaluated as part of a licensure examination:

1. Education
2. Experience
3. Examination
4. Standards of Practice or Care

Dr. Hertz discussed each element as it relates to licensure. Each element carries equal weight in the evaluation. The **education** that one receives prepares one for the **experience** one attains during an internship and that prepares one to take the **examination** and the final part is the **standard of practice of care**.

Frequently Asked Questions when Determining Licensure Equivalency:

- Are the courses of study equivalent? For example, does one curriculum require a chemistry class with a laboratory component while the curriculum being compared requires a chemistry class but has no laboratory component?

- Are the institutions that provide the diploma or degree regionally or nationally accredited? Are the education programs accredited within the university?
- Is the education of the instructors equivalent? Do the instructors have a license or credential?
- Is the number of hours for education and training equal among certified supervisors?
- During the internship, what types of clients are served? Are they only patients that a person in training would see or do they represent the population as a whole? Are they typical situations that a provider would see in the general public or are they examples of situations that only a person in training would see?
- Is the supervisor's performance evaluated? Is there a means to remove people from training that do not meet requirements to insure that interns' training will be successful? Are the internships subject to third-party approval?
- Is examination for licensure equivalent? Do both examinations measure the same skills? Are they standardized? Do they meet the standards of educational and psychological testing?

The security of examinations must also be evaluated. If it's violated, the exam has no relevance.

The purpose of licensing exams is to measure job knowledge. Licensing is the highest level of examination.

Standards of practice must represent the level of competence expected of the practitioner. Minimum competence standards combine education and experience. Evaluating the standards of practice is key to consumer protection. We can evaluate licensing equivalency through the use of an occupational analysis. An occupational analysis can be used to determine the competency that is needed to practice, examination content, and standards for care. Without an occupational analysis we cannot assume that the four elements are equivalent and that the examination is valid.

Dr. Hertz concluded his presentation.

Director Bontá asked about the required timing of passing the three parts of the United States Medical Licensing Examination (USMLE) in order to be licensed as a physician in California.

Mr. Joseph stated that typically Parts I and II of the USMLE are given relatively close in time. Most schools would require that a student complete Parts I and II prior to graduation. However, there is no legal standard specifying the timing of the various parts of the exam.

Ms. Margolis asked if an occupational analysis is an alternative to evaluating the equivalency of licensure programs and if an occupational analysis has been done for medical and dental professionals in Mexico.

Dr. Hertz answered that an occupational analysis can be used to set curricula, licensing standards, and standards of care. To his knowledge an occupational analysis has not been done with Mexican doctors and dentists. An occupational analysis usually takes one to two years.

Dr. Hertz also explained that the occupational analysis is done when requested by a Department of Consumer Affairs Board, Bureau, or Program. The occupational analysis can also be contracted out to a private party.

Mr. Joseph stated the organizations that develop and administer the national medical and dental licensing examinations perform ongoing occupational analyses.

Mr. Torres noted that if a medical student fails Part I of the USMLE, he/she is not allowed to take Part II of the examination. The USMLE requires a significant knowledge of English, which creates a barrier for doctors educated in Mexico.

Mr. Torres stated there is a national level licensing examination in Mexico but no attempt has been made to determine its equivalency to the USMLE.

Dr. Hertz indicated that an occupational analysis would be required as part of establishing such equivalency.

Agenda Item #4: Proposal and Discussion of Alternative Pilot Projects

Ms. Iacino provided an overview of the matrix of possible pilot project elements. The matrix has been updated to reflect changes and comments from the Subcommittee members. An "X" in an element box indicates that the corresponding organization has specifically agreed to inclusion of that element.

Director Bontá asked for any changes from Subcommittee members to the matrix in this discussion.

Mr. Torres added that the California Hispanic Health Care Association (CHHCA) proposal has been revised to include international medical graduates. The change was presented in writing and the CHHCA proposal is now identical to the proposal submitted by Dr. Cuevas.

Subcommittee members discussed whether the elements that Subcommittee members agree upon should be presented as a pilot program or if the areas of disagreement should be highlighted.

Although many members agreed on a number of the proposed elements, there was significant disagreement upon the time frame for implementing a pilot project, the temporary or permanent nature of licensure, education requirements for licensure, placement of doctors and dentists who participate in a pilot project, and how to determine cultural and linguistic competency.

Director Bontá was called away from the meeting and asked Ms. Margolis to chair the remainder of the meeting.

Mr. Torres that the Mexican Consul was present and would answer questions from the Subcommittee.

Mr. Solozano, Mexican Consul General, introduced himself and stated the Mexican government is very interested in the proposal to allow doctors and dentists from Mexico to practice here. They have not sent a letter of support but could very easily do so. Mr. Solozano stated he was representing the Mexican Health Ministry.

Ms. Margolis asked for clarification from legal counsel as to exactly what is necessary for the Subcommittee to meet its mandate. If the Subcommittee formally disbanded, how would any future action be recognized? Are there alternatives for level of standing?

Anita Scuri, counsel for Department of Consumer Affairs, stated once the work of the Subcommittee is complete it may disband. After disbanding, Subcommittee members can still meet and discuss issues but the meeting and discussion would have no official standing.

Dr. Broussard spoke in favor of disbanding the Subcommittee, stating that the Subcommittee has come as far as it can with decisions and proposals.

Mr. Joseph agreed with Dr. Broussard and moved that the Subcommittee be disbanded and that they would present this decision this afternoon to the Task Force.

Mr. Torres moved to forward the matrix (revised to specifically state the five major areas of disagreement) and the supporting proposals as the Subcommittee's report to the Task Force, fulfilling the Subcommittee's task under Assembly Bill 2394, and disband. Dr. Broussard seconded the motion. Due to the absence of Director Bontá (whose presence was necessary to constitute a quorum), a vote on the motion was delayed until the Subcommittee could break for lunch and reconvene immediately prior to the full Task Force meeting scheduled at 1:30 p.m.

The meeting adjourned at 12:35 p.m.

Director Bontá reconvened the Subcommittee at 1:30 p.m., at which time a quorum was present and voted unanimously to forward the matrix proposal to the full Task Force for transmittal to the Legislature and to disband the Subcommittee.

